



## Texas State Board of Pharmacy

### PETITION FOR EXEMPTION FROM PHARMACY TECHNICIAN CERTIFICATION

**ELIGIBILITY:**     **Long-Term Employees.** Pharmacy technicians who have been continuously employed as a pharmacy technician at a pharmacy in this state since September 1, 1991.

**Rural County Employees.** Fill out reverse side.

*Please print clearly or type. Continue on separate sheet if necessary.*

NAME \_\_\_\_\_ HOME PHONE NO. \_\_\_\_\_

HOME ADDRESS (STREET) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

#### PRESENT EMPLOYMENT INFORMATION

NAME OF PHARMACY \_\_\_\_\_ PHARMACY LIC. # \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE OF EMPLOYMENT \_\_\_\_\_

#### PREVIOUS EMPLOYMENT INFORMATION

NAME AND ADDRESS OF PHARMACY \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_ PHARMACY LIC # (IF KNOWN) \_\_\_\_\_

NAME AND ADDRESS OF PHARMACY \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_ PHARMACY LIC # (IF KNOWN) \_\_\_\_\_

NAME AND ADDRESS OF PHARMACY \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_ PHARMACY LIC # (IF KNOWN) \_\_\_\_\_

By my signature below, I hereby attest that I have been continuously employed as a pharmacy technician at a pharmacy in this state since September 1, 1991. I further attest that the foregoing information on this form or those on any attachment(s) to this form are true and correct. I understand that any misstatement(s) or omission(s) as to material facts will delay and may cause rejection of this petition by the Texas State Board of Pharmacy.

SIGNATURE OF PHARMACY TECHNICIAN \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public \_\_\_\_\_ State of \_\_\_\_\_

I hereby attest that I am the pharmacist-in-charge of the pharmacy where this petitioner is currently employed. I further attest that:

- I support the pharmacy technician's petition for exemption from certification;
- the petitioner has completed the pharmacy technician training program at the pharmacy; and
- I have personally worked with and observed that the petitioner is competent to perform the duties of a pharmacy technician.

SIGNATURE OF PHARMACIST-IN-CHARGE \_\_\_\_\_ LICENSE # \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public \_\_\_\_\_ State of \_\_\_\_\_

**ELIGIBILITY:**     ***Rural County Employees.*** Pharmacy technicians working in counties with a population of 50,000 or less. County population information must be current and obtained from the Texas State Data Center. Website address: ***http://txsdc.tamu.edu\tp pepp\txpopest.html***

***Long-Term Employees.*** Fill out reverse side.

*Please print clearly or type. Continue on separate sheet if necessary.*

NAME \_\_\_\_\_ HOME PHONE NO. \_\_\_\_\_

HOME ADDRESS (STREET) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PRESENT EMPLOYMENT INFORMATION**

NAME OF PHARMACY \_\_\_\_\_ PHARMACY LIC. # \_\_\_\_\_

ADDRESS OF PHARMACY \_\_\_\_\_ DATE OF EMPLOYMENT \_\_\_\_\_

**COUNTY INFORMATION**

NAME OF COUNTY \_\_\_\_\_ OFFICIAL TX STATE DATA POPULATION ESTIMATE \_\_\_\_\_

Reason(s) for requesting petition: \_\_\_\_\_

Reason(s) for not taking and passing the National Pharmacy Technician Certification Exam or other examination approved by the Board: \_\_\_\_\_

I hereby attest that the foregoing information on this form or those on any attachment(s) to this form are to the best of my knowledge true and correct. I understand that any misstatement(s) or omission(s) will delay and may cause rejection of this petition by the Texas State Board of Pharmacy.

SIGNATURE OF PHARMACY TECHNICIAN \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public \_\_\_\_\_ State of \_\_\_\_\_

I hereby attest that I am the pharmacist-in-charge of the pharmacy where this petitioner is currently employed. I further attest that:

- a. I support the pharmacy technician's petition for exemption from certification;
- b. the petitioner has completed the pharmacy technician training program at the pharmacy; and
- c. I have personally worked with and observed that the petitioner is competent to perform the duties of a pharmacy technician.

SIGNATURE OF PHARMACIST-IN-CHARGE \_\_\_\_\_ LICENSE # \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public \_\_\_\_\_ State of \_\_\_\_\_

*Please return this petition to:*

**Attn: Professional Services Div.  
Texas State Board of Pharmacy  
333 Guadalupe Street, Suite 3-600  
Austin, Texas 78701-3942**